

HOUSE BILL 1342  
By Shepard

AN ACT to amend Tennessee Code Annotated, Title 68,  
relative to certain disclosures by hospitals.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. This act shall be known and may be cited as the Hospital Infections  
Disclosure Act.

SECTION 2. For purposes of this act:

- (1) "Department" means the department of health.
- (2) "Hospital" means a hospital as defined under § 68-11-201.
- (3) "Hospital-acquired infection" means a localized or systemic condition that results from adverse reaction to the presence of an infectious agent or its toxins and that was not present or incubating at the time of admission to the hospital.

SECTION 3.

(a) Individual hospitals shall collect data on hospital-acquired infection rates for the specific clinical procedures determined by the department by regulation, including the following categories:

- (1) Surgical site infections;
- (2) Ventilator-associated pneumonia;
- (3) Central line-related bloodstream infections;
- (4) Urinary tract infections; and
- (5) Other categories as provided under subsection (d).

(b)

(1) Hospitals shall submit annual reports on their hospital-acquired infection rates to the department. Reports shall be submitted, in a format set

forth in regulations adopted by the department, to the department by February 1 each year for the previous year. Annual reports shall be made available to the public at each hospital and through the department. The first annual report shall be due in 2007.

(2) If the hospital is a division or subsidiary of another entity that owns or operates other hospitals or related organizations, the annual report shall be for the specific division or subsidiary and not for the other entity.

(c)

(1) The commissioner of health shall appoint an advisory committee, including representatives from public and private hospitals (including from hospital infection control departments), direct care nursing staff, physicians, epidemiologists with expertise in hospital-acquired infections, academic researchers, consumer organizations, health insurers, health maintenance organizations, organized labor, and purchasers of health insurance, such as employers. The advisory committee shall have a majority of members representing interests other than hospitals employers. The advisory committee shall have a majority of members representing interests other than hospitals.

(2) The advisory committee shall assist the department in the development of all aspects of the department's methodology for collecting, analyzing, and disclosing the information collected under this act, including collection methods, formatting, and methods and means for release and dissemination.

(3) In developing the methodology for collecting and analyzing the infection rate data, the department and advisory committee shall consider existing methodologies and systems for data collection, such as the Centers for

Disease Control's National Nosocomial Infection Surveillance Program, or its successor, however the department's discretion to adopt a methodology shall not be limited or restricted to any existing methodology or system. The data collection and analysis methodology shall be disclosed to the public prior to any public disclosure of hospital-acquired infection rates.

(4) The department and the advisory committee shall evaluate on a regular basis the quality and accuracy of hospital information reported under this act and the data collection, analysis, and dissemination methodologies.

(d) The department may, after consultation with the advisory committee, require hospitals to collect data on hospital-acquired infection rates in categories additional to those set forth in subdivision (a).

#### SECTION 4.

(a) The department shall annually submit to the general assembly a report summarizing the hospital annual reports and shall publish the annual report on its website. The first annual report shall be submitted and published in 2007.

(b) All reports issued by the department shall be risk-adjusted.

(c) The annual report shall compare the risk-adjusted hospital-acquired infection rates collected under section 3, for each individual hospital in the state. The department, in consultation with the advisory committee, shall make this comparison as easy to comprehend as possible. The report shall also include an executive summary, written in plain language, that shall include, but not be limited to, a discussion of findings, conclusions, and trends concerning the overall state of hospital-acquired infections in the state, including a comparison to prior years. The report may include policy recommendations, as appropriate.

(d) The department shall publicize the report and its availability as widely as practical to interested parties, including, but not limited to hospitals, providers, media organizations, health insurers, health maintenance organizations, purchasers of health insurance, organized labor, consumer or patient advocacy groups, and individual consumers. The annual report shall be made available to any person on the department's web page.

(e) No hospital report or department disclosure may contain information identifying a patient, employee, or licensed health care professional in connection with a specific infection incident.

SECTION 5. It is the expressed intent of the general assembly that a patient's right of confidentiality shall not be violated in any manner. Patient social security numbers and any other information that could be used to identify an individual patient shall not be released notwithstanding any other provision of law.

SECTION 6. A determination that a hospital has violated the provisions of this act may result in any of the following:

(1) Termination of licensure or other sanctions relating to licensure under title 68, chapter 11, part 2.

(2) A civil penalty of up to five hundred dollars (\$500) per day per violation for each day the hospital is in violation of the act.

SECTION 7. The department shall be responsible for ensuring compliance with this act as a condition of licensure under title 68, chapter 11, part 2, and shall enforce such compliance according to the provisions of title 68, chapter 11, part 2.

SECTION 8. The commissioner of health is authorized to promulgate rules and regulations to effectuate the purposes of this act. All such rules and regulations shall be promulgated in accordance with the provisions of title 4, chapter 5.

SECTION 9. This act shall take effect July 1, 2005, the public welfare requiring it.